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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Academy of Family Physicians Political Action Committee 2021 Massachusetts Avenue, NW ADDRESS (number and street) Check if different than previously DC 20036 Washington reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00411553 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 04 0 1 2010 04 30 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Randell K. Wexler, MD Type or Print Name of Treasurer Electronically Filed by Randell K. Wexler, MD 05 19 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2/31 FEC Form 3X (Rev. 02/2003)

\	Write or Type Committee Name American Academy of Family Physicians Po	olitical Action Committee	
F	Report Covering the Period: From:	01 2010	To: 0 4 3 0 Y Y Y Y Y
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2010 Y Y Y		263211.18
	(b) Cash on Hand at Begining of Reporting Period	288795.69	
	(c) Total Receipts (from Line 19)	28373.68	129494.35
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	317169.37	392705.53
7.	Total Disbursements (from Line 31)	18178.54	93714.70
8.	Cash on Hand at Close of		
	Reporting Period (subtract Line 7 from Line 6(d))	298990.83	298990.83
9.	Debts and Obligations owed TO		
	the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed BY		
	the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 31

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

01

2010

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м м 0 4 D D D

Y Y Y Y 2 0 1 0

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From: a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	23861.67	103628.68
	(ii) Unitemized	4373.65	24001.24
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	28235.32	127629.92
,	b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs) (d) Total Contributions (add Lines	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	28235.32	127629.92
	Fransfers From Affiliated/Other Party Committees	0.00	0.00
13. /	All Loans Received	0.00	0.00
	oan Repayments Received Streets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)	138.36	1864.43
t	o Federal candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts Dividends, Interest, etc.)	0.00	0.00
-	Fransfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	28373.68	129494.35
	otal Federal Receipts subtract Line 18(c) from Line 19)	28373.68	129494.35

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4/31

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	678.54	2264.70
	Expenditures(c) Total Operating Expenditures	070.04	2204.70
	(add 21(a)(i), (a)(ii) and (b))	678.54	2264.70
2.	Transfers to Affiliated/Other Party	0.00	0.00
23.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	17500.00	91000.00
4.	Independent Expenditure	0.00	0.00
5.	(use Schedule E)		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
	Refunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	450.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	450.00
	(add Lines 20(a), (b), and (c))		
9.	Other Disbursements	0.00	0.00
80.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	18178.54	93714.70
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	18178.54	93714.70

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
33.	Total Contributions (other than loans) from Line 11(d), page 3)	28235.32	127629.92	
34.	Total Contribution Refunds (from Line 28(d))	0.00	450.00	
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	28235.32	127179.92	
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	678.54	2264.70	
37.	Offsets to Operating Expenditures (from Line 15, page 3)	138.36	1864.43	
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	540.18	400.27	

FE6AN026

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate sched for each category of Detailed Summary F	the Crick only only	
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Phys	the name and address of any political con	any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) Grace Ann Alfonsi, MD		Date of Receipt	
Mailing Address 6020 E 1st Ave City	State Zip Code	0 4 1 7 2 0 1 0 Transaction ID: C906489	
Denver FEC ID number of contributing federal political committee.	CO 80220-5903	Amount of Each Receipt this Period 250.00	
Name of Employer Denver Health Receipt For:	Occupation Family Physician		
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	0.00	
Full Name (Last, First, Middle Initial) Wayne J Altman, MD Mailing Address 10 Coyne Dr	Date of Receipt M		
City	Transaction ID: C906379		
Woburn	MA 01801-1946	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	365.00	
Name of Employer Family Practice Group	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	5.00	
Full Name (Last, First, Middle Initial) Joane Goforth Baumer, MD		Date of Receipt	
Mailing Address 1500 S Main St	Mailing Address 1500 S Main St		
City	State Zip Code	Transaction ID: C905104	
Fort Worth FEC ID number of contributing federal political committee.	TX 76104-4917	Amount of Each Receipt this Period 208.00	
Name of Employer Self Employed	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 83.	2.00	
SUBTOTAL of Receipts This Page (optiona)	823.00	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/31 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Academy of Family Physic	d Statements may not be sold or used by any personal statements may not be sold or used by any personal he name and address of any political committee to class Political Action Committee	
Full Name (Last, First, Middle Initial) Mary Laura Bean, MD Mailing Address 632 Morrison Spring City Chattanooga FEC ID number of contributing federal political committee. Name of Employer Erlanger Hospital Receipt For:	s Rd Ste 200 State Zip Code TN 37415-3416 C Occupation Physician	Date of Receipt M M M O 6 2 0 1 0 Transaction ID: C903597 Amount of Each Receipt this Period 365.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate Year-to-Date ▼ 365.00	Date of Receipt
Mikael Eugene Bedell, MD Mailing Address 114 Gardner St City Cascade FEC ID number of contributing federal political committee. Name of Employer Cascade Medical Center Receipt For: Primary General Other (specify)	State Zip Code ID 83611-5044 C Occupation Physician Aggregate Year-to-Date 250.00	Transaction ID: C909309 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Reid B Blackwelder, MD Mailing Address 4407 Leedy Rd City Kingsport FEC ID number of contributing federal political committee.	State Zip Code TN 37664-2117	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer East Tennessee State University Receipt For: Primary General Other (specify)	Occupation Family Physician Aggregate Year-to-Date 400.00	
SUBTOTAL of Receipts This Page (optional)		715.00

SCHEDULE A (FEO	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 31 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, o	ther than using the name and a	ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Mid Tanja Britton, MD Mailing Address 227 W City Colorado Springs FEC ID number of contributederal political committee. Name of Employer Self Employed Receipt For:	estcott Ave State CO tring Occupat Physici	an	Date of Receipt 0 4 2 2 2 2 0 1 0 Transaction ID: C908847 Amount of Each Receipt this Period 365.00
	neral Aggrega	ate Year-to-Date ▼ 365.00	
Full Name (Last, First, Mid David Adam Carlyle, MD Mailing Address PO Bo 2309 E City Ames FEC ID number of contribu	x 3014 Juchanan Dr State	Zip Code 50010-3014	Date of Receipt M M
Name of Employer Family Medicine East Receipt For: Primary Other (specify)	Occupat Physici Aggrega		
Judith Chamberlain, MD	Full Name (Last, First, Middle Initial) Judith Chamberlain, MD Mailing Address 10 Sea Grass Farm Rd		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Brunswick FEC ID number of contributed federal political committee.	State ME	Zip Code 04011-7841	Transaction ID: C906169 Amount of Each Receipt this Period 500.00
Name of Employer Aetna	Occupat	ion I Director, Medicaid Business	Um
Receipt For: Primary Ge Other (specify) ▼	neral Aggrega	ate Year-to-Date ▼ 2000.00	
SUBTOTAL of Receipts This	S Page (optional)		2115.00

SCHEDULE A (FEC Form 3X)

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 31 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physicia	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ 4 .	Full Name (Last, First, Middle Initial) Steven A Crawford, MD Mailing Address 900 Ne 10Th St	Ctata	7in Codo	Date of Receipt 0 4 0 5 2 0 1 0
	City Oklahoma City	State OK	Zip Code 73104-5420	Transaction ID: C903394
	FEC ID number of contributing federal political committee.	C	73104-3420	Amount of Each Receipt this Period 230.00
	Name of Employer University of Oklahoma Receipt For: Primary Other (specify) ▼	, ' ' ' 	n Faculty e Year-to-Date ▼ 690.00	
- 3.	Full Name (Last, First, Middle Initial) Mark V Cribben Mailing Address 1346 Tuckerman St N	Date of Receipt		
	City	State	Zip Code	04 22 2010
	Washington	DC	20011-1139	Transaction ID: C908770 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer AAFP	Occupation PAC Direction		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
_ :.	Full Name (Last, First, Middle Initial) Jose M David, MD			Date of Receipt
	Mailing Address 804 Huntington Ct			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C903671
	Albany	NY	12203-6015	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Prime Care Physicians	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)			1595.00
T	TOTAL This Period (last page this line number	only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 31 (check only one) X
A oi	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Family Physicia	ans Political	Action Committee	
Α.	Full Name (Last, First, Middle Initial) Barbara J Doty, MD			Date of Receipt
	Mailing Address 1700 E Bogard Rd Ste 100	Ctata	7:n Oada	04 19 2010
	City Wasilla	State AK	Zip Code 99654-6563	Transaction ID: C906540
	FEC ID number of contributing federal political committee.	C	39034-0303	Amount of Each Receipt this Period 500.00
	Name of Employer Providence Matanuska Heal- th care	Occupation physicial		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
— В.	Full Name (Last, First, Middle Initial) Wanda D Filer, MD Mailing Address 510 Aqua Ct	<u> </u>		Date of Receipt
	- Naming Address 510 Aqua Ct	04 11 2010		
	City	State	Zip Code	Transaction ID: C904465
	<u>York</u>	PA	17403-3623	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Strategic Health Institute	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1400.00	
_ С.	Full Name (Last, First, Middle Initial) Matthew P Finneran, MD			Date of Receipt
	Mailing Address 8145 Wilhite Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C904525
	Wadsworth FEC ID number of contributing	OH C	44281-9263	Amount of Each Receipt this Period 500.00
	federal political committee.	<u> </u>		
	Name of Employer FPC of Wadsworth, Inc.	Occupation Family P	Physician	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
Ę	SUBTOTAL of Receipts This Page (optional)			1350.00
	OTAL This Period (last page this line number			

	FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 31 (check only one) X 11a
0	any information copied from such Reports and S r for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any pers ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Family Physici	ans Political A	Action Committee	
۸.	Full Name (Last, First, Middle Initial) Michael O Fleming, MD			Date of Receipt
	Mailing Address 556 Dunmoreland Dr			04 28 2010
	City Shreveport	State LA	Zip Code 71106-6125	Transaction ID: C912018
	FEC ID number of contributing federal political committee.	C	71100-0123	Amount of Each Receipt this Period 250.00
	Name of Employer Amedisys, Inc.	Occupation Chief Med	dical Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
- 3.	Full Name (Last, First, Middle Initial) Roland Adolph Goertz, MD Mailing Address 1600 Providence Dr.	Date of Receipt		
	Mailing Address 1600 Providence Dr	04 12 2010		
	City	State	Zip Code	Transaction ID: C904861
	Waco FEC ID number of contributing federal political committee.	C	76707-2261	Amount of Each Receipt this Period 417.00
	Name of Employer Family Practice Center	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1668.00	
. –	Full Name (Last, First, Middle Initial) Eric James Heathers, MD			Date of Receipt
	Mailing Address 767 Riverview Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State IN	Zip Code	Transaction ID: C903704
	Kokomo FEC ID number of contributing federal political committee.	C	46901-7025	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			917.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 31 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Academy of Family Physi	d Statements may not be sold or used by any personant the name and address of any political committee to cicians Political Action Committee	
Full Name (Last, First, Middle Initial) Lori J Heim, MD Mailing Address 250 Hollybrook Farm City Vass FEC ID number of contributing federal political committee. Name of Employer Scotland Memorial Hospital Receipt For: Primary General Other (specify)	n Ln State Zip Code NC 28394-8952 C Occupation Physician Aggregate Year-to-Date ▼ 1666.68	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Daniel J Heinemann, MD Mailing Address PO BOX 5039 City Sioux Falls FEC ID number of contributing federal political committee. Name of Employer Sioux Valley Health Systems Receipt For: Primary General Other (specify)	State Zip Code SD 57117-5039 C Occupation Physician Aggregate Year-to-Date 2000.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: C904860 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Thomas Lynn Hicks, MD Mailing Address 3258 N Monroe St # 2005 City Tallahassee FEC ID number of contributing federal political committee. Name of Employer Patients First Receipt For: Primary General Other (specify)	State Zip Code FL 32303-2822 C Occupation Medical Doctor Aggregate Year-to-Date 5000.00	Date of Receipt M M M / D D / Y Y Y Y Y O 4 D D / 2 0 1 0 Transaction ID: C903517 Amount of Each Receipt this Period 5000.00
SUBTOTAL of Receipts This Page (optional))	5916.67

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate for each cate Detailed Sum	gory of the	FOR LINE NUMBER: PAGE 13 / 31 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the	itatements may not be sold or u name and address of any politi	sed by any persor cal committee to	
NAME OF COMMITTEE (In Full) American Academy of Family Physicia	ans Political Action Commi	ttee	
Full Name (Last, First, Middle Initial) Jeffrey J Hoffmann, DO			Date of Receipt
Mailing Address PO BOX 370			04 21 2010
City	State Zip Code		Transaction ID: C908762
Guttenberg	IA 52052-0370)	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Family Medicine Associates	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	500.00	
Full Name (Last, First, Middle Initial) James Darrel King, MD			Date of Receipt
Mailing Address 1 Prime Care Dr	0 4 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State Zip Code		Transaction ID: C900196
Selmer	TN 38375-1864	4	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Primecare Medical Center	Occupation Physician		
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	2000.00	
Full Name (Last, First, Middle Initial) Dale Albert Klein, MD			Date of Receipt
Mailing Address 910 18th St NW			04 27 2010
City	State Zip Code	_	Transaction ID: C911967
Mandan	ND 58554-1612	2	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Medcenter One	Occupation family doctor		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	I	>	1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Κ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14/31 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Phys	sicians Political	Action Committee	
Full Name (Last, First, Middle Initial) Laura C Knobel, MD			Date of Receipt
Mailing Address 3 Freedom Way			M M / D D / Y Y Y Y Y O 1 0 1 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0
City	State MA	Zip Code	Transaction ID: C906496
Walpole FEC ID number of contributing federal political committee.	C	02081-2290	Amount of Each Receipt this Period 125.00
Name of Employer self	Occupatio physiciar		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Mark H Krotowski, MD	<u> </u>		Date of Receipt
Mailing Address 8923 Avenue A			0 4 1 7 2 0 1 0
City	State NY	Zip Code	Transaction ID: C906490
Brooklyn FEC ID number of contributing federal political committee.	C	11236-1206	Amount of Each Receipt this Period 365.00
Name of Employer same	Occupatio Family P		
Receipt For: Primary General Other (specify) ▼	_ , ' 	Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Kaparaboyna Ashok Kumar, MD			Date of Receipt
Mailing Address 7703 Floyd Curl Dr			0 4 1 9 2 0 1 0
City San Antonio	State TX	Zip Code 78229-3901	Transaction ID: C906990
FEC ID number of contributing federal political committee.	C	70229-3901	Amount of Each Receipt this Period 365.00
Name of Employer UT Health Scie	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional			855.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 31 (check only one) X
2	nny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	not be sold or used by any pers ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Family Physici	ians Political	Action Committee	
۷.	Full Name (Last, First, Middle Initial) Timothy F Linder, MD			Date of Receipt
	Mailing Address 1 Prime Care Dr	Ctata	7:- Oada	04 04 2010
	City <u>Se</u> lmer	State TN	Zip Code 38375-1864	Transaction ID: C903332 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Primecare Medical Center	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00	
 3.	Full Name (Last, First, Middle Initial) Leah Raye R Mabry, MD Mailing Address 339 S Presa St			Date of Receipt
				04 22 2010
	City	State	Zip Code	Transaction ID: C908766
	San Antonio FEC ID number of contributing federal political committee.	C	78205-3425	Amount of Each Receipt this Period
	Name of Employer Christus Health Care	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	
 :_	Full Name (Last, First, Middle Initial) Jeff F Markuns, MD			Date of Receipt
	Mailing Address 325 Ipswich Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C905101
	Boxford FEC ID number of contributing federal political committee.	C	01921-1505	Amount of Each Receipt this Period 500.00
	Name of Employer Boston University Family Medicine, Inc	Occupation Physician	<u> </u>	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional) .	1		1120.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16/31 (check only one) X 11a 11b 11c 12
Any information copied from such Reports ar	nd Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Academy of Family Phys		
/ Full Name (Last, First, Middle Initial) John S Meigs, MD		Date of Receipt
Mailing Address PO BOX 289		0 4 0 6 2 0 1 0
City	State Zip Code	Transaction ID: C903570
Brent	AL 35034-0289	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1100.00
Name of Employer Self Employed	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1100.00	
Full Name (Last, First, Middle Initial) Kevin P Mikus, MD		Date of Receipt
Mailing Address 2407 Plantation Ce	nter Dr, Ste 102	04 27 2010
City	State Zip Code	Transaction ID: C911814
Matthews	NC 28105-6614	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Carolinas Physician Netwo- rk	Occupation Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) Anne M Montgomery, MD		Date of Receipt
Mailing Address 104 W 5Th Ave Ste	200W	0 4 0 8 2 0 1 0
City	State Zip Code	Transaction ID: C903833
Spokane	WA 99204-4803	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Inland Empire Hospital Se- rvices Associ	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
	ı)	1300.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17/31 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports are or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Physics	nd Statements may not be sold or used by any person the name and address of any political committee sicians Political Action Committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) John Franklin Mueller, MD Mailing Address 69 Snipatuit Rd		Date of Receipt
City Rochester	State Zip Code MA 02770-1504	Transaction ID: C908848 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 02770-1304	365.00
Name of Employer Self-Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Yogeshwar Ashokkumar Patel, MD Mailing Address 3558 Four Oaks Bl	vd	Date of Receipt 0 4 1 6 2 0 1 0
City	State Zip Code	Transaction ID: C906372
<u>Tallahassee</u>	FL 32311-3308	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Karla Graue Pratt	1	Date of Receipt
Mailing Address Executive Vice Pres 1050 140th Ave NE	Ste C	04 30 2010
City Bellevue	State Zip Code WA 98005-2972	Transaction ID: C913295 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 30003 2372	365.00
Name of Employer Washington Academy of Fam- ily Physician Receipt For:	Occupation Executive Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional	N)	980.00

SCHEDULE A (FEC Form 3X)

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 31 (check only one) X
or for cor	mation copied from such Reports and St nmercial purposes, other than using the E OF COMMITTEE (In Full) rican Academy of Family Physicia	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Mailin City Gran FEC federa	ame (Last, First, Middle Initial) ry C Reicks, DO g Address 2503 Foresight Cir ad Junction D number of contributing al political committee.	State CO	Zip Code 81505-1139	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ns Recei	of Employer ight Family Physicia- pt For: Primary General Other (specify)	Physicia]
Presto	ame (Last, First, Middle Initial) on Clair C Renshaw, MD g Address 49574 871st Rd			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	II D number of contributing al political committee.	State NE	Zip Code 68763-4618	Transaction ID: C906171 Amount of Each Receipt this Period 250.00
<u>cine</u> Recei	of Employer O'Neill Family Medi- pt For: Primary General Other (specify)	Occupation Physician Aggregate		
Sarah	ame (Last, First, Middle Initial) L Sams, MD g Address 2994 Frazell Rd			Date of Receipt M M D D Y Y Y Y Y Y Y Y
City Hillia		State OH	Zip Code 43026-9785	Transaction ID: C912017 Amount of Each Receipt this Period
federa	D number of contributing al political committee. of Employer Medical Center	Occupation		100.00
Recei	pt For: Primary General Other (specify) ▼	Physician Aggregate	e Year-to-Date ▼ 400.00	
SUBTO	TAL of Receipts This Page (optional)		······	600.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19/31 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Physics	the name and addre	ess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Patricia Ann Sereno, MD Mailing Address 10 Morgan Ave			Date of Receipt
City Stoneham	State MA	Zip Code 02180-3417	Transaction ID: C904451 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		365.00
Name of Employer Hallmark Health Receipt For: Primary General Other (specify) ▼	Occupation Family Phy Aggregate Y	rsician ear-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) George Wm Shannon, MD Mailing Address 2301 Slate Dr			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C904464
Columbus	GA	31906-1443	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		200.00
Name of Employer Horizons Diagnostics LLC	Occupation Family Phy		
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 800.00]
Full Name (Last, First, Middle Initial) Glen R Stream, MD	•		Date of Receipt
Mailing Address 14408 E Sprague A	ve		04 11 2010
City	State	Zip Code	Transaction ID: C904466
Spokane Valley FEC ID number of contributing federal political committee.	C	99216-2167	Amount of Each Receipt this Period 500.00
Name of Employer Rockwood Clinic	Occupation physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 2000.00	
SUBTOTAL of Receipts This Page (optional	ıl)		1065.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 31 (check only one) X 11a
7	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physicia	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∡.	Full Name (Last, First, Middle Initial) Harry S Strothers, MD			Date of Receipt
	Mailing Address 1513 Cleveland Ave 300-A Bldg 100			04 / 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C903701
	East Point FEC ID number of contributing federal political committee.	GA C	30344-6947	Amount of Each Receipt this Period 180.00
	Name of Employer Morehouse School of Medic- ine Receipt For:	Occupation Physicia Aggregate		
_	Primary General Other (specify) ▼	0 0	240.00	
3.	Full Name (Last, First, Middle Initial) Donna Lippert Sullivan, MD Mailing Address 1025 Pennock PI			Date of Receipt 0 4 2 2 2 2 1 0 1 0
	City	State	Zip Code	Transaction ID: C908771
	Fort Collins	CO	80524-3257	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Ft. Collins Family Medici- ne Residency	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
- :.	Full Name (Last, First, Middle Initial) Daniel J Van Durme, MD			Date of Receipt
	Mailing Address 7023 Dardwood Ln			04 12 2010
	City	State	Zip Code	Transaction ID: C904952
	Tallahassee	FL	32312-3511	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer FSU College of Medicine	Occupatio Physicia	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
	SUBTOTAL of Receipts This Page (optional)			1045.00
	TOTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 31 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \ \	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physicia	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Robert P Vogt, MD Mailing Address 7685 Calloway Ct City Colorado Springs FEC ID number of contributing federal political committee. Name of Employer The Family Practice Receipt For: Primary General Other (specify)	State CO C Occupation Physician Aggregate		Date of Receipt M M M / 22 / 2010 Transaction ID: C908772 Amount of Each Receipt this Period 500.00
В.	Full Name (Last, First, Middle Initial) Richard Andre Wherry, MD Mailing Address 59 Tipton Dr City Dahlonega FEC ID number of contributing federal political committee. Name of Employer Chestatee Regional Hospital Receipt For: Primary General Other (specify)	State GA C Occupation physician Aggregate		Date of Receipt M M / D D / Y Y Y Y Y O 4 2 2 2 2 0 1 0 Transaction ID: C908862 Amount of Each Receipt this Period 1000.00
	Full Name (Last, First, Middle Initial) Charles W White, MD Mailing Address 900 Crazy Doe Rd City Lexington FEC ID number of contributing federal political committee. Name of Employer Lexington Family Physicians Receipt For: Primary General Other (specify)	State TN C Occupation Physician Aggregate		Date of Receipt M M / D D / Y Y Y Y Y O 4
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		<u> </u>	1865.00

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В.

PAGE 22/31 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Steven M Williams, MD Date of Receipt Mailing Address 10060 Regency Cir 0.4 12 2010 City State Zip Code Transaction ID: C904950 Omaha NE 68114-3732 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer Physicians Clinic Occupation Physician Receipt For: Aggregate Year-to-Date General Primary 250.00 Other (specify) Full Name (Last, First, Middle Initial) J Mack Worthington, MD Date of Receipt Mailing Address 1100 E 3Rd St 0 4 02 2010 City State Zip Code Transaction ID: C903253 Chattanooga TN 37403-2241 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer University of Tennessee Occupation Physician Receipt For: Aggregate Year-to-Date Primary General

CURTOTAL of Provide This Provide Name (350.00
SUBTOTAL of Receipts This Page (optional)		
TOTAL This Period (last page this line number only)	•	23861.67

300.00

Other (specify)

A.

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 31 (check only one) 11a 11b 11c 12 13 14 X 15 16 17
	nd Statements may not be sold or used by any per g the name and address of any political committee	
NAME OF COMMITTEE (In Full) American Academy of Family Phys	sicians Political Action Committee	
Full Name (Last, First, Middle Initial) American Academy of Family Physicians Mailing Address 11400 Tomahawk City	Creek Pkwy State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
Leawood FEC ID number of contributing federal political committee.	KS 66211-2672	Amount of Each Receipt this Period 138.36
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 1864.43	

SUBTOTAL of Receipts This Page (optional)	•	138.36
TOTAL This Period (last page this line number only)	•	138.36

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C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		IE NUMBER: PAGE 24 / 31 nly one)		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b	22 2	3 24 25 26 8b 28c 29 30b	
Any Information copied from such Reports and Statem or for commercial purposes, other than using the nam		by any perso	on for the purpose	of soliciting contributions	
NAME OF COMMITTEE (In Full)					
American Academy of Family Physicians I	Political Action Committe	е			
Full Name (Last, First, Middle Initial) American Express			Transaction Date of Disb	n ID: D94703	
Mailing Address PO Box 53852			0 4 M	01 2010	
City Phoenix	State Zip Code AZ 85072-3852		Amount of E	ach Disbursement this Period	
Purpose of Disbursement	AZ 65072-3652			10.40	
Bank card processing fee Candidate Name		Category/ Type			
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)				
Full Name (Last, First, Middle Initial)					
American Express			Date of Disb		
Mailing Address PO Box 53852			0 4 4	05 7 2010	
City Phoenix	State Zip Code AZ 85072-3852		Amount of E	ach Disbursement this Period	
Purpose of Disbursement Bank card processing fee				11.38	
Candidate Name		Category/ Type			
Senate President	ement For: Primary General Other (specify)				
State: District:					
Full Name (Last, First, Middle Initial) American Express			Transaction Date of Disb	n ID: D94709 pursement	
Mailing Address PO Box 53852			04 /	08 7 2010	
City Phoenix	State Zip Code AZ 85072-3852		Amount of E	ach Disbursement this Period	
Purpose of Disbursement Bank card processing fee				16.25	
Candidate Name		Category/ Type			
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)				
State: District:					
SUBTOTAL of Disbursements This Page (optional))		38.03	

TOTAL This Period (last page this line number only)

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C.

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 25/31
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
II LIMIZED DISDONSLIMENTS	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the nan	ments may not be sold or used ne and address of any political	by any person for committee to sol	or the purpose of soliciting contributions icit contributions from such committee
NAME OF COMMITTEE (In Full)			
American Academy of Family Physicians	Political Action Committee	ee	
Full Name (Last, First, Middle Initial)			Transaction ID: D94710
American Express			Date of Disbursement
Mailing Address PO Box 53852			$\begin{bmatrix} \begin{smallmatrix} M & 4 & M \\ 0 & 4 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
City Phoenix	State Zip Code AZ 85072-3852		Amount of Each Disbursement this Period
Purpose of Disbursement	7.12 00072 0002		171.28
Bank card processing fee Candidate Name		Cotogony	
Candidate Name		Category/ Type	
	sement For:		
Senate President	Primary General Other (specify) ▼		
State: District:	o and (opening)		
Full Name (Last, First, Middle Initial)			Transaction ID: D94712
American Express			Date of Disbursement
Mailing Address PO Box 53852			$\begin{bmatrix} \begin{smallmatrix} M & A & M \\ O & A & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & D \end{smallmatrix} \end{bmatrix} $
City	State Zip Code		Amount of Each Disbursement this Period
Phoenix	AZ 85072-3852		
Purpose of Disbursement Bank card processing fee			38.35
Candidate Name		Category/ Type	
	sement For:		
Senate President	Primary General Other (specify) ▼		
State: District:	Other (specify)		
Full Name (Last, First, Middle Initial)			Transaction ID: D94713
American Express			Date of Disbursement
Mailing Address PO Box 53852			$\begin{bmatrix}\begin{smallmatrix}M&M&M\\0&4&M\end{smallmatrix}\end{bmatrix}^{\prime}\begin{bmatrix}\begin{smallmatrix}D&D&D\\1&4\end{smallmatrix}\end{bmatrix}^{\prime}\begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y\\2&0&1&0\end{smallmatrix}\end{smallmatrix}$
City	State Zip Code		Amount of Each Disbursement this Period
Phoenix	AZ 85072-3852		
Purpose of Disbursement Bank card processing fee		-	13.54
Candidate Name		Category/	
Office Sought: House Disburs	sement For:	Туре	
Senate Disburs	Primary General		
President	Other (specify)		
State: District:			
SUBTOTAL of Disbursements This Page (optional)	1		223.17

TOTAL This Period (last page this line number only)

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HEDULE B (FEC Form 3X) Use separate schedule(s)					OR LIN		26 / 3	31						
ITEMIZED DISBURSEMENTS		category of the Summary Page		X	_		22 28a	П	23 28b		24 28c		25 29	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name														<u> </u>
NAME OF COMMITTEE (In Full) American Academy of Family Physicians F	Political Ac	ction Committe	ee											
Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852							Trans Date of		sburs		-		0 1 C) ^Y
•	State AZ	Zip Code 85072-3852					Amou	nt o	f Each	n Dis	sburse	men		-
Purpose of Disbursement Bank card processing fee Candidate Name					gory/				•			•	6.50	
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spe	General												
Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852							Trans Date of		sburs	_		_	0 Ĭ () ^Y
	State	Zip Code					Amou	nt o			sburse			
Purpose of Disbursement	AZ	85072-3852		-									0.98	
Bank card processing fee Candidate Name					gory/ pe									
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spe	General												
Full Name (Last, First, Middle Initial) American Express							Trans Date o				-	6		
Mailing Address PO Box 53852							0 ^M 4	М	[/] 1	9	/ Y	ž	0 1 0) ^Y
	State AZ	Zip Code 85072-3852					Amou	nt o	f Each	n Dis	sburse	men		-
Purpose of Disbursement Bank card processing fee Candidate Name			Ca	ate	gory/								7.74	
	ment For: Primary Other (spe	General			pe									
State: District:	- Cirioi (opo							_						
SUBTOTAL of Disbursements This Page (optional) .					<u> </u>		L.						15.22	2

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)					NE NUMBER: PAGE 27 / 31 only one)								
ITEMIZED DISBURSEMENTS		ategory of the summary Page	-	X	-		22 28a	П	23 28b	24 28c	F	25 29	26 30b	
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam							the pu		e of so	oliciting o				
NAME OF COMMITTEE (In Full)														
American Academy of Family Physicians	Political Act	ion Committe	е											
Full Name (Last, First, Middle Initial) American Express									on ID:	D947 D947	17			
Mailing Address PO Box 53852							0 ^M 4	М	[/] 1	9 /	Y	20 1 () Y	
City Phoenix	State AZ	Zip Code 85072-3852					Amou	nt of	f Each	Disburs	emer	nt this I	Period	
Purpose of Disbursement Bank card processing fee	<i></i>	03072 0032			-							0.8		
Candidate Name					gory/ oe									
Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spec	General sify) ▼												
Full Name (Last, First, Middle Initial)						-								
American Express							Date o		sburse			/ * \/ *	V	
Mailing Address PO Box 53852							0 ^M 4	IVI .	2	20 /	2	2 0 1 ()	
City Phoenix	State AZ	Zip Code 85072-3852					Amou	nt of	f Each	Disburs	emer			
Purpose of Disbursement Bank card processing fee								•				2.49	9	
Candidate Name				te Ty	gory/ oe									
Senate President	ement For: Primary Other (spec	General ▼												
State: District:														
Full Name (Last, First, Middle Initial) American Express									sburse		80			
Mailing Address PO Box 53852							0 ^M 4	М	2	. 1 /	2	2 0 1 () ^Y	
City Phoenix	State AZ	Zip Code 85072-3852					Amou	nt of	f Each	Disburs	emer			
Purpose of Disbursement Bank card processing fee												11.86	5	
Candidate Name					gory/ oe									
Office Sought: House Disburse Senate President	ement For: Primary Other (spec	General ▼												
State: District:														
SUBTOTAL of Disbursements This Page (optional)					<u> </u>							15.16	j .	

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X)	Use separate schedule(s) (chao			LINE NUMBER: PAGE 28 .						
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 21b 27	22 28a	23 28b		24 28c	25 29		
Any Information copied from such Reports and Stater										
or for commercial purposes, other than using the name	e and address of any politica	ai comi	mittee to s	Olicit contri	butions tr	om st	ich co	ommittee		
NAME OF COMMITTEE (In Full) American Academy of Family Physicians	Political Action Committ	ee								
Full Name (Last, First, Middle Initial) American Express					action ID f Disburs	-		9		
Mailing Address PO Box 53852				0 4 N	/ D	23	/ Y	ž 0 1	0 ^Y	
City Phoenix	State Zip Code AZ 85072-3852	2		Amour	nt of Each	n Disb	ursen	nent this	Period	
Purpose of Disbursement				1 .				13.0	5	
Bank card processing fee										
Candidate Name			tegory/ Γype							
Senate President	ement For: Primary General Other (specify)									
= 101.101.										
Full Name (Last, First, Middle Initial) American Express				Date o	action ID f Disburs	emen		-	_	
Mailing Address PO Box 53852				0 4	/ D	2 6	/ Y	ž 0 ĭ	0 ^Y	
City	State Zip Code			Amour	nt of Each	n Disb	ursen	nent this	Period	
Phoenix	AZ 85072-3852	2						44.3	8	
Purpose of Disbursement Bank card processing fee							-	44.3	0	
Candidate Name			tegory/ Type							
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)	•								
Full Name (Last, First, Middle Initial) American Express					action ID f Disburs	-	_	1		
Mailing Address PO Box 53852				0 4 N	/ D	2 6	/ Y	ž 0 1	0 ^Y	
City	State Zip Code			Amour	nt of Each	n Disb	ursen	nent this	Period	
Phoenix	AZ 85072-3852	2			-			1.0	1	
Purpose of Disbursement Bank card processing fee			•					1.0	1	
Candidate Name		L Ca	tegory/							
			Гуре							
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼									
					· ·	•		58.4	2	
SUBTOTAL of Disbursements This Page (optional)				-	•	•	-	J0.4/	-	
TOTAL This Period (last page this line number only			•		Schedu					

SCHEDULE B (FEC Form 3X)					INE NUMBER: PAGE 29 / 31								
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 2 28a 2	8b 28c	25 29	2 3							
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam						3							
NAME OF COMMITTEE (In Full)	e and address of any political	COMMITTEE TO SOM	ion contribution	13 110111 30011	COMMITTEE								
American Academy of Family Physicians I	Political Action Committe	ee											
Full Name (Last, First, Middle Initial) American Express			Transaction Date of Disk	n ID: D946 oursement	12								
Mailing Address PO Box 53852			04	27	2010) ^Y							
City Phoenix	State Zip Code AZ 85072-3852		Amount of E	each Disburse		-							
Purpose of Disbursement Bank card processing fee					8.13	3							
Candidate Name		Category/ Type											
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)												
State: District:													
Full Name (Last, First, Middle Initial) Bank Of America Merchant Services			Date of Disk		02								
Mailing Address WA2-505-01-40 PO Box 2485			0 4	0 1	žojo)							
City Spokane	State Zip Code WA 99210-2485		Amount of Each Disbursement this Pe										
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Mailing Address P O Box 52145			0 4	0 2 /	žojo) \							
City Phoenix	State Zip Code AZ 85072-2145		Amount of E	ach Disburse									
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Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)												
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SUBTOTAL of Disbursements This Page (optional)		>			328.54								
TOTAL This Period (last page this line number only)					678.54								

SCHEDULE B (FEC Form 3X)

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	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	9	À	21b 27	22 28a		8b	24 28c	\perp	25 29	26
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full)											
	American Academy of Family Physicians	Political Action Commi	ttee									
•	Full Name (Last, First, Middle Initial) National Republican Senatorial Committee)				Date o					0 1 0	Υ
	Mailing Address 425 2nd St NE					0 4						
	City Washington	State Zip Code DC 20002-491	4			Amou	nt of E	ach D	isburs	-		eriod
	Purpose of Disbursement Campaign contribution									1000	00.00	
	Candidate Name National Republican Senatorial Committee			atego Type								
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) ▼	l									
	Full Name (Last, First, Middle Initial) EARL POMEROY FOR CONGRESS Mailing Address PO Box 75214					Date o					0 1 0	Y
	City	State Zip Code				Атош	nt of F		isburs	-		
	Washington	DC 20013-021	4			Amou	iii Oi L	acii L	/ISDUI St		00.00	criou
	Purpose of Disbursement											•
	Campaign contribution Candidate Name Rep. Earl Pomerov			atego Type	-							
	Candidate Name Rep. Earl Pomeroy	ement For: 2010 Primary X General Other (specify)		atego Type	-							
	Candidate Name Rep. Earl Pomeroy Office Sought: X House Senate President	Primary X General Other (specify) ▼		_	-	Trans	of Disk	oursen				W.
	Candidate Name Rep. Earl Pomeroy Office Sought: X House Senate President State: ND District: 00 Full Name (Last, First, Middle Initial)	Primary X General Other (specify) ▼		_	-	Date o			nent		0 ¥ 0	Y
	Candidate Name Rep. Earl Pomeroy Office Sought: X House Senate President State: ND District: 00 Full Name (Last, First, Middle Initial) JOHN D. DINGELL FOR CONGRESS CO	Primary X General Other (specify) ▼		_	-	Date o	of Disk	oursen 2 6	nent	Y Ž	this P	
_	Candidate Name Rep. Earl Pomeroy Office Sought: X House Senate President State: ND District: 00 Full Name (Last, First, Middle Initial) JOHN D. DINGELL FOR CONGRESS CO Mailing Address 607 14th Street N.W. City Washington Purpose of Disbursement Campaign contribution	Primary X General Other (specify) ▼ MMITTEE State Zip Code		Туре		Date o	of Disk	oursen 2 6	nent	Y Ž		
	Candidate Name Rep. Earl Pomeroy Office Sought: X House Senate President State: ND District: 00 Full Name (Last, First, Middle Initial) JOHN D. DINGELL FOR CONGRESS CO Mailing Address 607 14th Street N.W. City Washington Purpose of Disbursement	Primary X General Other (specify) ▼ MMITTEE State Zip Code	ıl C:	_	pry/	Date o	of Disk	oursen 2 6	nent	Y Ž	this P	
	Candidate Name Rep. Earl Pomeroy Office Sought: X House Senate President State: ND District: 00 Full Name (Last, First, Middle Initial) JOHN D. DINGELL FOR CONGRESS CO Mailing Address 607 14th Street N.W. City Washington Purpose of Disbursement Campaign contribution Candidate Name Rep. John D. Dingell Office Sought: X House Disburse	Primary X General Other (specify) ▼ MMITTEE State Zip Code	Ca	Type	pry/	Date o	of Disk	oursen 2 6	nent	Y Ž	this P	

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	CHEDULE B (FEC Form 3	Use separate schedule(s)						R:			31				
IT	EMIZED DISBURSEMENT	for each of Detailed S	category of the Summary Page		21b 27	H	22 28a	نئا	23 28b	П	24 28c		25 29		26 30b
	y Information copied from such Reports a for commercial purposes, other than using														
$\overline{\ }$	NAME OF COMMITTEE (In Full)														
/	American Academy of Family Phy	sicians Political Ac	ction Committe	е											
	Full Name (Last, First, Middle Initial)						Trans	actio	on ID:	D	9406	3			
	ZACK SPACE FOR CONGRESS (COMMITTEE					Date	of Dis	sburse	emer	nt				
	Mailing Address 714 N WOOSTE	R AVENUE					0 ^M 4	M /	^D 2	6	/ Y	ž	0 1 C	Y	
	City DOVER	State OH	Zip Code 44622				Amou	nt of	Each	Dist	ourser	nent	t this F	Perio	d
	Purpose of Disbursement Campaign contribution						<u></u>					250	00.00	_	
	Candidate Name Rep. Zack Space			Categ Typ											
	Office Sought: X House Senate President	Disbursement For: X Primary Other (spe	2010 General												
	State: OH District: 18														

SUBTOTAL of Disbursements This Page (optional)	•	2500.00
TOTAL This Period (last page this line number only)	•	17500.00